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COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 9496

<b>SERIAL NUMBER</b> 09/732,241	<b>FILING DATE</b> 12/07/2000 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 1343.011US1
<b>APPLICANTS</b> Mathai Mammen, San Mateo, CA; David Oare, Belmont, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/456,170 12/07/1999 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/18/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 52
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 21186				
<b>TITLE</b> Therapeutic carbamates				
<b>FILING FEE RECEIVED</b> 1095	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 9496

<b>SERIAL NUMBER</b> 09/732,241	<b>FILING DATE</b> 12/07/2000 <b>RULE</b>	<b>CLASS</b> 546	<b>GROUP ART UNIT</b> 1625	<b>ATTORNEY DOCKET NO.</b> 1343.011US1	
<b>APPLICANTS</b> Mathai Mammen, San Mateo, CA; David Oare, Belmont, CA;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/456,170 12/07/1999 ABN					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 01/18/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 52	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 27038					
<b>TITLE</b> Therapeutic carbamates					
<b>FILING FEE RECEIVED</b> 1095	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		